

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20591

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>10/534/428</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>225</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>225</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0 3 -- 2 0 9 5 </div>		
<i>Rule change - 08 Dec 2004</i>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>		
SIGNATURE: <u>Terry M. Johnson</u>		PHONE: <u>703-308-9140</u>		
OFFICE: <u>DO/EO</u>		<u>X221</u>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: